



# State of New Hampshire

Department of Safety  
DIVISION OF STATE POLICE

Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION

## THERAPEUTIC CANNABIS PROGRAM – RSA 126-X:4,8

### INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual for whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed.

### SECTION I (PLEASE PRINT CLEARLY)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ ☐ Male ☐ Female

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

☐ Designated Caregiver ☐ Alternative Treatment Center Agent (ATC Name \_\_\_\_\_)

My signature below signifies I am the individual listed above and the information provided is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signed under penalty of unsworn falsification pursuant to RSA 641:13

### SECTION II (PLEASE PRINT CLEARLY)

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

Name/Entity John Martin, New Hampshire Department of Health and Human Services

Address 129 Pleasant Street City Concord State NH Zip 03301

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary's Signature \_\_\_\_\_

Signature of Person to Receive Record [Signature] Date 10/30/15

### RECORD CHALLENGE

**Saf-C 5703.12 Procedure for Correcting a CHRI** (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

**WARNING:** The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

### FEES

☐ LIVESCAN - \$49.75 if printed at a state police LiveScan site

NOTE: Make checks payable to: State of NH – Criminal Records

## Additional Instructions

All Designated Caregivers and all Alternative Treatment Center (ATC) Agents must complete a state and federal criminal history records check.

- *Designated Caregivers* – A criminal history records check shall be required upon initial application for a registry identification card, and upon any lapse in registration.
- *Alternative Treatment Center Agents* – A criminal history records check shall be required prior to beginning to work at an ATC.

**Fingerprints.** There are two ways to complete fingerprints for an FBI background check. Please read and follow the instructions for the method you are using.

RECOMMENDED

**Department of Safety Fingerprint Station:** The stations listed below all use LiveScan (digital) fingerprinting:

**NH Department of Safety:** 33 Hazen Drive (James H. Hayes Building), Concord

**Troop E – Ossipee Area:** 1863 White Mountain Highway, Tamworth

**DMV Dover Point:** 50 Boston Harbor Road, Dover

**Troop C – Keene Area:** 15 Ash Brook Court, Keene

**DMV Manchester Commons:** 377 South Willow Street, Manchester

**Troop F – Littleton Area:** 549 Route 302, Twin Mountain

1. Call the appointment desk at the Department of Safety at 603-223-3867.
2. Bring the following 3 items to your appointment:
  - A notarized Criminal History Record Information Authorization for Therapeutic Cannabis form for each person who has an appointment.
  - Official photo identification for each person, such as a driver's license, State issued photo ID, or passport.
  - A check or money order made payable to **State of NH–Criminal Records** for **\$49.75** for each person being fingerprinted.

## ALTERNATE

**Local Police Station with LiveScan:** Please note local police may charge an additional service fee and may delay approval.

1. Make an appointment with your local police station to be fingerprinted. Call the local police station directly. **DO NOT CALL the appointment desk number listed above.**
2. Bring:
  - ☐ The notarized Criminal History Record Information Authorization for Therapeutic Cannabis form.
  - ☐ A check in the amount of \$14.75.The local police station will submit only fingerprints to the State Police.
3. Once fingerprinted, submit the notarized Criminal History Record Information Authorization for Therapeutic Cannabis form, indicated in #2 above, with a check in the amount of \$25.00 made payable to **State of NH–Criminal Records** by mailing to:

Department of Safety, Division of State Police  
Criminal Records Unit  
33 Hazen Drive, Concord NH 03305

**ALL SECTIONS OF THE CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FOR THERAPEUTIC CANNABIS FORM MUST BE COMPLETED FULLY IN INK AND MUST BE LEGIBLE.** Incomplete forms may result in being turned away from your appointment, resulting in additional fingerprinting and costs. All signatures must be original. Photocopies of the signed and notarized form will not be accepted. Forms must be notarized before you arrive for your appointment.

**KEEP COPIES OF ALL DOCUMENTATION FOR YOUR RECORDS**  
Please visit <http://www.dhhs.nh.gov/oos/tcp/index.htm> for additional information.